

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution 371 1/4 Joplin (Nursing Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 2808 Zena Ave
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Overton
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1944 hour 5:45 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Nov-5-1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3 1944 to July 6 1944
that I last saw her on Jan 28 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 3 Days 1 If less than one day hr. min.

Immediate cause of death: Apoplexy
Due to _____
Due to _____

9. Birthplace: New Vernon Mo.
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation: Retired Farmer

11. Industry or business: _____
12. Name: Samuel Overton
13. Birthplace: _____ Ky
(City, town, or county) (State or foreign country)
14. Maiden name: Mary Ann
15. Birthplace: _____ Ky
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations: _____
Of autopsy: _____

16. (a) Informant: Mary Foster
(b) Address: 805 W. 3rd St. Webb City, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation: Mt. Hope Cem
18. (a) Signature of funeral director: _____
(b) Address: Joplin, Mo.
19. (a) 2-7-44 (Date received local registrar) (b) _____ (Registrar's signature)

While at work (Specify type of place) (c) Means of injury _____
Signature: W. H. Overland (M. D. or other) _____
Address: Joplin, Mo. Date signed: 2/7/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

See attached

49
2
5

44-2-145

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Celia Thomhill*

Licensed Embalmer No..... *3590*

P. O. Address..... *Joplin, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.